

MAY 2023

Increasing Access to High-Performing Maternity Services: Midwifery Care

Operational Guidance

This operational guidance series identifies four high-performing maternity services that hospitals and health systems can incorporate or expand to rapidly improve maternal and newborn health: midwifery care, community birth settings (birth centers and home birth), doula support, and services of community-based perinatal health workers.¹

These models have an impressive track record vis-à-vis standard maternity care (see below). They all prioritize individualized, relationship-based care and support that is respectful, dignifying, and trustworthy. This includes recognizing the considerable physical, emotional, and social challenges that many families face, and offering holistic services in response.

When community-based and -led, these models typically offer culturally congruent services and are exceptionally valuable to communities of color and other historically marginalized groups experiencing racism and other forms of discrimination.

Midwifery Care Improves Outcomes

Midwives are underutilized in the United States compared to the rest of the world, where they provide most maternity care. The midwifery model is based on investing the time needed to build a trusted relationship with the birthing person and help them build confidence. They educate pregnant people about their care options and support them in making informed choices. This is one reason midwives excel at preventing adverse outcomes.

Three certifications and varied reimbursement policies and practice settings

There are three nationally recognized midwifery credentials in the United States.

- **Certified nurse-midwives** (CNMs) are licensed and reimbursed by Medicaid in all jurisdictions. They are educated to practice in all settings (hospital, birth center, home), but most practice in hospitals.

- **Certified midwives** (CMs) are recognized and covered by Medicaid in some, but not all, jurisdictions. Like CNMs, they are educated to practice in all settings (hospital, birth center, home), but most practice in hospitals.
- **Certified professional midwives** (CPMs) are recognized in most states, covered by Medicaid in some of those, and are educated to practice in birth centers and in homes.²

Evidence demonstrates the benefits of midwifery. Rigorous reviews of data demonstrate that compared to physicians, midwives have similar or better outcomes.

- Midwives had **better results** than physicians by achieving:
 - ▶ More spontaneous vaginal births
 - ▶ More vaginal births after cesareans
 - ▶ Increased and longer breastfeeding
 - ▶ More positive psychological experiences
 - ▶ Less use of pain medication
 - ▶ Less electronic fetal monitoring
 - ▶ Fewer episiotomies
 - ▶ Lower costs
- Midwives and physicians had **similar results** for:
 - ▶ Maternal hemorrhage
 - ▶ Signs of fetal distress in labor
 - ▶ Admissions to newborn intensive care
 - ▶ Fetal loss or newborn death³

Many birthing women and families want access to midwives.

Interest in midwifery services appears to be on the rise. A statewide survey of Californians who gave birth in 2016 found that 54 percent expressed interest in midwifery care should they give birth in the future. This degree of interest far exceeds current rates of access and use⁴

Resources to Increase Access to Midwifery Care

- **Access to Maternity Providers: Midwives and Birth Centers (2023)**
The Medicaid and CHIP Payment and Access Commission reviews attributes of both midwifery and birth center care, evidence of their effectiveness, and – from a Medicaid perspective – access, reimbursement, barriers to expanded access, and policy issues.
 - ▶ <https://www.macpac.gov/wp-content/uploads/2023/05/Access-to-Maternity-Providers-Midwives-and-Birth-Centers.pdf>

- **Certified Nurse-Midwife Integration into a Maternity Care Practice: Financial Considerations for Developing a Business Plan (2017)**

Step-by-step guide to developing a business plan to incorporate benefits of midwives into maternity services.

▶ https://www.pbgh.org/wp-content/uploads/2020/12/Financial_Considerations_for_Midwifery_Business_Plan.pdf

- **Certified Nurse Midwife Practice Financial Pro Forma Tool**

Suite of products that support hospitals and physician groups in integrating midwifery care.

▶ <https://www.pbgh.org/resource/cnm-practice-financial-pro-forma-tool/>

- **How Expanding the Role of Midwives in U.S. Health Care Could Help Address the Maternal Health Crisis (2023)**

Widespread integration of midwifery into maternity care could reduce maternal health inequities and address provider workforce shortages. Numerous policy advances would facilitate such integration.

▶ <https://www.commonwealthfund.org/publications/issue-briefs/2023/may/expanding-role-midwives-address-maternal-health-crisis>

- **How to Successfully Integrate Midwives into Your Practice (2021)**

Step-by-step guide from the Purchaser Business Group on Health.

▶ <https://www.pbgh.org/wp-content/uploads/2021/09/How-To-Successfully-Integrate-Integrate-Midwives-Into-Your-Practice.pdf>

- **Improving Our Maternity Care Now Through Midwifery Care (2021)**

Describes the midwifery model of care, the three nationally recognized midwifery credentials, evidence about midwifery care, and state policy variation. With policy recommendations for increasing access and resource directory.

▶ <https://www.nationalpartnership.org/midwifery/>

- **Midwives: Information on Births, Workforce, and Midwifery Education (2023)**

The Government Accountability Office describes midwife-attended births, the midwifery workforce, and barriers to access to midwifery care.

▶ <https://www.gao.gov/assets/gao-23-105861.pdf>

Endnotes

¹ Carol Sakala, Sinsi Hernández-Cancio, Sarah Coombs, Ndome Essoka, and Erin Mackay. *Improving Our Maternity Care Now Four Care Models Decisionmakers Must Implement for Healthier Moms and Babies*, September 2020, <https://nationalpartnership.org/report/maternity-care-four-models/>

² Carol Sakala, Sinsi Hernández-Cancio, Erin Mackay, and Rachel Wei. *Improving Our Maternity Care Now Through Midwifery*, National Partnership for Women & Children, October 2021, <https://nationalpartnership.org/wp-content/uploads/2023/04/improving-maternity-midwifery.pdf>

³ Meg Johantgen, Lily Fountain, George Zangaro, Robin Newhouse, Julie Stanik-Hutt, *et al.* “Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives and Physicians: A Systematic Review, 1990 to 2008,” *Women’s Health Issues*, January 1, 2012, <https://doi.org/10.1016/j.whi.2011.06.005>; Jane Sandall, Hora Soltani, Simon Gates, Andrew Shennan, and Declan Devane. “Midwife-Led Continuity Models Versus Other Models of Care for Childbearing Women,” *Cochrane Database of Systematic Reviews*, April 28, 2016, <https://doi.org/10.1002/14651858.cd004667.pub5>; Katy Sutcliffe, Jenny Caird, Josephine Kavanaugh, Rebecca Rees, Kathryn Oliver, *et al.* “Comparing Midwife-Led and Doctor-Led Maternity Care: A Systematic Review of Reviews,” *Journal of Advanced Nursing*, November 2012, <https://doi.org/10.1111/j.1365-2648.2012.05998.x>

⁴ Carol Sakala, Eugene R. Declercq, Jessica M. Turon, and Maureen P. Corry. *Listening to Mothers in California: A Population-Based Survey of Women’s Childbearing Experiences*, National Partnership for Women & Families, September 2018, <https://www.chcf.org/wp-content/uploads/2018/09/ListeningMothersCAFullSurveyReport2018.pdf>

Find detailed recommendations and more resources at nationalpartnership.org/raisingthebar

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